



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

646.3014

Job Sheet 187496



Part No: 646.3014

Job Qty: 20 ea

Part Name: Blade



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 12/5/18

Job Tracking No:

Due Date: 1/22/19

Created By: Jesse White

Type: Stock

Description:

Note: DWG REV N/C SHEET 11 IPP REV:A NEW ISSUE 12/11/09 JFS VERIFY BY: JLM

Ship Via:

## Bill of Materials

## Job Routing

| Op No | Operation              | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off     |
|-------|------------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|--------------|
|       |                        |        |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |              |
| 90    | Start up Operation     | 20 Ea  | 1/22/19    | 1/22/19  | 0.00      | 0.00    | Start Up Machining-1  |           | 9mm 19/01/09 |
| 100   | Bandsaw                | 20 pcs | 1/22/19    | 1/22/19  | 0.00      | 1.07    | Bandsaw1              |           |              |
| 110   | CNC Vertical Machining | 20 pcs | 1/22/19    | 1/22/19  | 0.63      | 16.12   | HAAS1-1               |           | FEB 19-11/19 |
| 120   | QC                     | 20 pcs | 1/22/19    | 1/22/19  | 0.00      | 0.00    | QC2 Machining-1       |           | FEB 19-11/19 |
| 130   | QC                     | 20 pcs | 1/22/19    | 1/22/19  | 0.00      | 0.00    | QC8 Machining-1       |           | 19-01-14     |
| 140   | Outsource              | 20 pcs | 1/22/19    | 1/22/19  |           |         | MEI001-VC             | 10        | QC 19-01-14  |
| 150   | Packaging              | 20 pcs | 1/22/19    | 1/22/19  | 0.00      | 0.00    | Packaging2            |           | JAN 22 2019  |
| 155   | QC                     | 20 pcs | 1/22/19    | 1/22/19  | 0.00      | 0.00    | QC5                   |           | 38           |
| 160   | SprayPaint             | 20 pcs | 1/22/19    | 1/22/19  | 0.00      | 0.56    | Spray Paint           |           | 19-1-23      |
| 170   | QC                     | 20 pcs | 1/22/19    | 1/22/19  | 0.00      | 0.00    | QC14                  |           | 19-01-27     |
| 180   | Packaging              | 20 pcs | 1/22/19    | 1/22/19  | 0.00      | 0.00    | Packaging3-1          | CK101     | 19-01-27     |
| 190   | QC21-SA                | 20 Ea  | 1/22/19    | 1/22/19  | 0.00      | 0.00    | QC21                  |           | FEB 28 2019  |

Part Op 100 - Cut Blank at 2.670"

Descriptions: 110 - 1-Machine per folio FB150

140 - HEAT TREAT AS PER DWG, SEE NOTE #3

160 - PRIME AS PER DWG, SEE NOTE #4

180 - \*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

## Job BOM

| Part / Item            | Component Name                        | Quantity            | Operation             | Container |
|------------------------|---------------------------------------|---------------------|-----------------------|-----------|
| MSTEEL-A2-B0.500X1.250 | AISI A2 Tool Steel Bar, 0.500 X 1.250 | 4.4600 ft (.223 ea) | 90-Start up Operation | 5132058   |

## Job Allocations

| Operation             | Component Part         | Required | Inventory | Allocated |
|-----------------------|------------------------|----------|-----------|-----------|
| 90-Start up Operation | MSTEEL-A2-B0.500X1.250 | 4        | 99        | 0         |



Container No: S141668



Part: 646.3014

Job No: 187496

Serial No/Batch: S141668

Revision:

Inspector:

Exp Date:

Instructions:

Date: 01/03/19

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Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                          |  |                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                            |  |
|----------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|--|
| <b>Job:</b> _____<br><b>Part No.</b> _____               |  | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> |  | <b>DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Large Fab <input type="checkbox"/><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Eng. (Non-AW) <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Quality <input type="checkbox"/> |  |                                            |  |
| <b>Date :</b> _____                                      |  | <b>Sequence #:</b> _____                                                                                                      |  | <b>QTY Affected :</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>MRB (QSI042)</b>                        |  |
| <b>Description Work Order Deviation</b>                  |  |                                                                                                                               |  | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                            |  |
|                                                          |  |                                                                                                                               |  | <b>Completed By</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                            |  |
|                                                          |  |                                                                                                                               |  | <b>Lead hand / Supervisor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                            |  |
|                                                          |  |                                                                                                                               |  | <b>QC / QA Coordinator</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                            |  |
| <b>FAULT CATEGORY</b>                                    |  |                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                            |  |
| <input type="checkbox"/> Contamination                   |  |                                                                                                                               |  | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Positioned Wrong  |  |
| <input type="checkbox"/> Misaligned/off center           |  |                                                                                                                               |  | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> Outside Tolerance |  |
| <input type="checkbox"/> BOM/Route                       |  |                                                                                                                               |  | <input type="checkbox"/> Grain Direction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Drawing           |  |
| <input type="checkbox"/> Broken/Damage/Defect            |  |                                                                                                                               |  | <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Finish            |  |
| <input type="checkbox"/> Incomplete/Unclear Instructions |  |                                                                                                                               |  | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> Part Lost/Missing |  |
| <input type="checkbox"/> Drill Holes                     |  |                                                                                                                               |  | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Misread           |  |
| <input type="checkbox"/> Fit/Function                    |  |                                                                                                                               |  | <input type="checkbox"/> Off-set/Set-up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                            |  |

| Part Specifications |             |                                |                  |          |                  |
|---------------------|-------------|--------------------------------|------------------|----------|------------------|
| Spec No             | Description | Target/Tolerance               | Limits           | Type     | Special Comments |
| 1                   | Blade       | 0.375inches $\pm$ 0.010        | 0.385<br>0.365   |          |                  |
| 2                   | Blade       | 0.940inches $\pm$ 0.030        | 0.970<br>0.910   |          |                  |
| 3                   | Blade       | 0.524inches $\pm$ 0.010        | 0.534<br>0.514   |          |                  |
| 4                   | Blade       | 0.229inches $\pm$ 0.002        | 0.231<br>0.227   |          |                  |
| 5                   | Blade       | 1.313inches $\pm$ 0.002        | 1.315<br>1.311   |          |                  |
| 6                   | Blade       | 2.540inches $\pm$ 0.030        | 2.570<br>2.510   |          |                  |
| 7                   | Blade       | 2.395inches $\pm$ 0.010        | 2.405<br>2.385   |          |                  |
| 8                   | Blade       | 2.128inches $\pm$ 0.010        | 2.138<br>2.118   |          |                  |
| 9                   | Blade       | 0.177inches + 0.005<br>- 0.001 | 0.182<br>0.176   | diameter |                  |
| 10                  | Blade       | 0.524inches $\pm$ 0.010        | 0.534<br>0.514   |          |                  |
| 11                  | Blade       | 0.569inches $\pm$ 0.002        | 0.571<br>0.567   |          |                  |
| 12                  | Blade       | 66.500Degrees $\pm$ 0.500      | 67.000<br>66.000 | Angle    |                  |
| 13                  | Blade       | 60.000Degrees $\pm$ 0.500      | 60.500<br>59.500 | Angle    |                  |

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Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                        |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sequence #: _____                                                                                                                 | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | MRB (QSI042)           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Completed By           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Lead hand / Supervisor |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | QC / QA Coordinator    |  |
| <b>Root Cause</b><br><br><div style="display: flex; flex-direction: column; align-items: flex-start;"> <div>Operator <input type="checkbox"/></div> <div>Manufacturing Process <input type="checkbox"/></div> <div>Equip/Tooling <input type="checkbox"/></div> <div>Handling/Preservation <input type="checkbox"/></div> <div>Material <input type="checkbox"/></div> <div>Product Improvement <input type="checkbox"/></div> <div>Process Improvement <input type="checkbox"/></div> <div>Human Factors <input type="checkbox"/></div> </div> |                                                                                                                                   | <b>FAULT CATEGORY</b><br><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> <div style="width: 50%;"> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div style="width: 50%;"> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div style="width: 50%;"> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |  |                        |  |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# PURCHASE ORDER

## PO042253



**Supplier:** MEI001-VC  
Metcor Inc.  
560 Boul. Arthur Sauve  
Saint-Eustache  
QC  
J7R 5A8 Canada  
Phone: 450 473 1884  
Fax: 450 491 5498

**PO No:** PO042253  
**PO Date:** 1/14/19  
**Due Date:** 2/8/19  
**Purchase Order Revision:**  
**Revision Date:**  
**Ship-To Contact:** Tsimiklis, ChrisoulaPhone:

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**Via:** Ground  
**Pytm Terms:** Net 30  
**Freight Terms:**  
**Special Comments:**

### Items

| Line Item           | Job    | Part     | Description                                                                                                                                                                                           | Status | Account | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price  |
|---------------------|--------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|----------------|-------------------|---------|------------------|-----------------|
| 1                   | 188108 | D5557-1  | Cutter Blade<br>: Various STC's<br>PO to Metcor:<br>FINISH: HEAT TREAT TO 58-62 RC<br>ROCKWELL HARDNESS<br><br>PART ARE MADE FROM<br>AISI A2 TOOL STEEL<br><br>PLEASE NOTE: DETAIL C<br>OF C REQUIRED | Firmed | -       | 2/8/19   | 12 pcs         | 0 pcs             | 12 pcs  | \$10.125/pcs     | \$121.50        |
| 2                   | 187496 | 646.3014 | Blade<br>HEAT TREAT AS PER DWG,<br>SEE NOTE #3                                                                                                                                                        | Firmed | -       | 2/8/19   | 20 pcs         | 0 pcs             | 20 pcs  | \$10.125/pcs     | \$202.50        |
| <b>Grand Total:</b> |        |          |                                                                                                                                                                                                       |        |         |          |                |                   |         |                  | <b>\$324.00</b> |

### Order Notes

Procurement Quality Clauses  
A005 right of entry  
A012 chemical and physical test report  
A016 personnel qualification  
A017 raw material identification (as applicable)

A022 Apical Processing  
A024 process certifications  
A026 certification of material conformance

A041 quality management system  
A042 dart notification by supplier  
A043 retention of quality documents

A048 counterfeit parts avoidance, detection, mitigation and disposition program

A049 supplier awareness

Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.



# METCOR INC.

560 BOUL. ARTHUR-SAUVÉ  
ST-EUSTACHE, QC J7R 5A8  
Tel: 450-473-1884 / Fax: 450-491-5498

## Reçu de livraison

Delivery Receipt

| BON DE TRAVAIL | EXPÉDITEUR | BON D'EXPÉDITION |
|----------------|------------|------------------|
| Order          | Shipper ID | Shipper          |
| 333349         | 1          | 133973           |

EXPÉDITION COMPLÈTE / Shipped Complete

CLIENT /Customer 215

**DART AEROSPACE**  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
Ph: 613-632-5200  
Fax: 613-632-1053



LIVRÉ À /Shipped To

**DART AEROSPACE**  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
Ph: 613-632-5200  
Fax: 613-632-1053

| COMMANDE DU CLIENT | BON DE LIVRAISON DU CLIENT | TYPE DE MATÉRIEL | DATE DE LA COMMANDE | TRANSPORTEUR |
|--------------------|----------------------------|------------------|---------------------|--------------|
| Customer PO        | Customer Shipper No.       | Material Type    | Order Date          | Carrier      |
| 42253              |                            | A2               | 2019/1/15           | client       |

| QUANTITÉ | No. PIÈCE | NOM DE LA PIÈCE | DESCRIPTION DE LA PIÈCE | POIDS  |
|----------|-----------|-----------------|-------------------------|--------|
| Quantity | Part No.  | Part Name       | Part Description        | Weight |

32 D5557-1 ✓  
(12) D5557-1 ✓  
JOB 188108 ✓  
  
(20) 646.3014 ✓  
JOB 187496 ✓

1 BC EPS

| TYPE DE CONTENEUR | # DE CONTENEURS | COMMENTAIRES CONTENEUR |
|-------------------|-----------------|------------------------|
| Container Type    | # Of Containers | Container Comments     |
| BC EPS            | 1               |                        |

CERTIFICAT  
EMBALLER PCES SÉPARÉMENT

|                             |  |
|-----------------------------|--|
| EXPÉDIÉ PAR:<br>Shipped by: |  |
|-----------------------------|--|

QUANTITÉ EXPÉDIÉE / Quantity Shipped : 32

POIDS EXPÉDIÉ / Weight Shipped : 7,00

QUANTITÉ RESTANTE / Quantity Remaining : 0

POIDS RESTANT / Weight Remaining : 0,00

APPROUVÉ

CERTIFICAT  
EMBALLER PCES SÉPARÉMENT

QUANTITÉ EXPÉDIÉE / Quantity Shipped: 32

POIDS EXPÉDIÉ / Weight Shipped : 7,00

Signature:

Date:

EXPÉDIÉ LE / Shipped On : 2019/01/21



# METCOR INC.

560 BOUL. ARTHUR-SAUVÉ, ST-EUSTACHE, QC, J7R 5A8

Tél.: 450-473-1884

Télécopieur / Fax administration: 450-491-5498

Télécopieur / Fax production: 450 491-6454

## Certificat de Conformité Certificate of Compliance

| BON DE TRAVAIL<br>order | CHARGEMENT<br>load |
|-------------------------|--------------------|
| 333349                  | 1                  |

CLIENT / customer 215

DART AEROSPACE

1270 ABERDEEN

HAWKESBURY

ON K8A 1K7

LIVRÉ À / shipped to:

DART AEROSPACE

1270 ABERDEEN

HAWKESBURY

ON K8A 1K7

1

| COMMANDE DU CLIENT<br>customer po | CLASSIFICATION PIECE<br>part classification | MATÉRIEL<br>material | MAÎTRE D'OEUVRE<br>prime contractor | PROGRAM |
|-----------------------------------|---------------------------------------------|----------------------|-------------------------------------|---------|
| 42253 ✓                           | N/A                                         | A2                   |                                     |         |

### SPÉCIFICATIONS DU PROCÉDÉ

processing specifications

VAC HARDEN

HARDEN AND TEMPER

| EXIGENCE / requirement | SPÉCIFICATIONS / specified | TESTS EXÉCUTÉS / performed | RÉSULTATS DE TESTS / results |
|------------------------|----------------------------|----------------------------|------------------------------|
| HARDNESS               | 58 - 62 HRC                | 8                          | 59 - 61 HRC                  |

DAS  
38  
9-89

| QUANTITÉ<br>quantity | POIDS<br>weight | DESCRIPTION DES PIÈCES<br>parts description                                                      |
|----------------------|-----------------|--------------------------------------------------------------------------------------------------|
| 32                   | 7               | D5557-1<br>(12) D5557-1 ✓<br>JOB 188108 ✓<br><br>(20) 646.3014 ✓<br>JOB 187496 ✓<br><br>1 BC EPS |

### COMMENTAIRES / comments

APPROUVÉ par / Approved by:

DATE: 2019-01-20

Pierre Piché  
Chief Inspector



APPROUVÉ